

REINSTATEMENT TV-111631

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
Olympia, WA 98504-7250
Telephone (360) 664-1222 - Fax (360) 586-1181
Intrastate Common Carrier Operating Authority

None CS

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: <u>033604</u>	Safety: <input checked="" type="checkbox"/>	Carrier ID#: <u>M 3 2001</u>
111 0268 200 02 <u>100 00</u>	Insurance: <input checked="" type="checkbox"/>	Employee: <input checked="" type="checkbox"/>

TYPE OF APPLICATION (check one)

<input type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only
Auth #: 00713B

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: 10/3/14 *Per call*

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): ANGIE GARZA Date: 9/6/11
Signature: *[Signature]* Title: BOOKKEEPER

MOTOR CARRIER IDENTIFICATION

CC#: <u>057921</u>	US DOT#: <u>606143</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601-216-3091</u> ✓
APPLICANT NAME: <u>DAVID GARZA</u> ✓	PHONE#: <u>(509) 488-5446</u>	
d/b/a: <u>DAVID GARZA TRUCKING</u>	FAX #: <u>(509) 488-2084</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip)	<u>680 S. DAURY W OTTSELU, WA 99344</u>	
PHYSICAL ADDRESS: (street address, if different)	<u>SAME</u>	

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

DAVID GARZA OWNER 100%

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

[Handwritten signature]

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

(Permit will not be issued until acceptable insurance is received)

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating - \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- The applicant WILL NOT HAUL hazardous materials in any quantity - \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
- The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
# 21	A92007E	WA	1XKWDB94JT2V982X
# 11	B598129	WA	1XKWDB9X1WR768430

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

[Handwritten signature]

9/6/11
Date

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
(hereinafter called Company) SCHAUMBURG, IL
(Name of Company) (Home Office Address of Company)

has issued to DAVID GARZA DBA: DAVID GARZA TRUCKING to 680 SOUTH DRURY LANE OTHELLO, WA 99344
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from SEPTEMBER 9, 2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance herewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1333 S RUSTLE RD SPOKANE WA 99224
(Street Address) (City) (State) (Zip Code)

this 9TH day of SEPTEMBER 2011

NS. CO. ID# _____

Thomas E. G... (AA)
(Authorized Company Representative)

Insurance Company File No. PRA-9337877
(Policy Number)

PO BOX 19150 SPOKANE, WA 99219
(Address of Authorized Company Representative)